Wyoming Department of Health

Public Health Emergency Preparedness Unit Strategic Plan 2011 - 2017



Public Health Emergency Preparedness Unit Health Readiness and Response Section Wyoming Department of Health 6101 Yellowstone Rd, Suite 400 Cheyenne, WY 82002



Original Prepared: July, 2011

Revised: July, 2012 Revised: April, 2013

Revision History

Revised by:	Revision Date:	Approved by:	Approval date:	Reason for Revision:
Sheryl Roub	5/10/2012			Updated to reflect changed budget periods
Sheryl Roub	6/25/2012			Move tasks from BP11 to BP1 Mark completed tasks as sustaining Change HVA to JRA
Sheryl Roub	4/5/2013			Move tasks from BP1 to BP2 Mark completed tasks as sustaining

Table of Contents

Mission and Vision	4
Executive Summary	4
Process	10
Conclusion	18
Appendix A	
Five Year Plan Summary and Update Table by Year	19
Appendix B	
Strategic Planning Team Members and Affiliation	33

Mission and Vision

Mission

Ensure communities are prepared to respond to natural and man-made public health disasters and emergencies through proactive planning and preparation.

Vision

A resilient and prepared Wyoming with communities able to respond to and recover from public health emergencies

Executive Summary

Public Health Emergency Preparedness Unit | Wyoming Department of Health

The Wyoming Department of Health (WDH) first received public health emergency preparedness funding for bioterrorism from the Centers for Disease Control and Prevention (CDC) through a cooperative agreement in 1999. Public health preparedness activities and CDC guidance from 2005–2011 relate to the following Preparedness Goals: Prevent, Detect and Report, Investigate, Control, Recover, and Improve.

In preparation for the new five year agreement, in March 2011, CDC released the Public Health Preparedness Capabilities: National Standards for State and Local Planning with follow-up guidance for the Public Health Emergency Preparedness Cooperative Agreement released in April 2011. In March 2012, CDC released guidance starting a new five year agreement. During the next five year Cooperative Agreement cycle, Public Health Emergency Preparedness Unit (PHEP) will build on the significant accomplishments achieved in the prior twelve years. The current Cooperative Agreement ends June 30, 2017.

In April 2011, the Wyoming Department of Health (WDH), PHEP, undertook a strategic planning process. The process followed the CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning document, which provided a recommended process for identifying past successes and future challenges. PHEP has taken this list of fifteen capabilities and developed a five-year plan that will help assure the program is able to perform specific functions within each capability. In March 2013, PHEP updated their strategic plan to reflect the achievements of Budget Period (BP) 1, and, if necessary, realign capabilities and functions.

We began this process in 2011 by summarizing what we do, who we do it for, and how we do it with our focus on how we have accomplished or built some of the capabilities through prior efforts in addressing the preparedness goals: Prevent, Detect and Report, Investigate, Control, Recover, and Improve.

Preparedness Across Wyoming – PHEP provides support for local and tribal preparedness efforts through collaboration and funding to the county public health nursing offices, county health officers, Eastern Shoshone Tribe, Northern Arapaho Tribe, regional veterinary coordinators and local clinical laboratories throughout Wyoming. These entities implement many of the preparedness goals locally.

Communications – PHEP provides Health Alert Notices to physicians and other healthcare providers to ensure they have the most current information and guidelines from the WDH. PHEP provides secure collaboration methods for planning, exercising and response. PHEP also manages the Virtual Situational Awareness Tool (VSAT) to ensure the WDH incident management team has access to event or incident specific information.

Epidemiology – PHEP maintains the 24/7 Emergency Notification Line, for health emergencies or to report immediately notifiable conditions. It is staffed by public health staff who take week long "Duty Epidemiologist" shifts. PHEP coordinates supporting activities such as: CDC Epi–X, for sensitive disease reports and event notification messages to epidemiologists and other state and local public health, surveillance systems for hospital emergency room data, and poison control center data. These systems assist WDH in identifying disease early so prevention and treatment activities can be implemented to decrease the mortality and morbidity caused by the disease event. Seven Regional Veterinary Coordinators within Wyoming collect information on zoonotic diseases (diseases that affect humans and animals) in animals to support disease surveillance also.

EOCC – PHEP maintains an Emergency Operations and Communication Center (EOCC) to support critical communication during disasters or widespread medical emergencies such as a pandemic event or natural disaster. The EOCC maintains communication with key partners (federal, state, tribal, and local) through multiple, redundant, interoperable methods.

Exercise and Training - The PHEP Training and Exercise program provides a multitude of training activities to prepare public health and partner agencies for their response to public health emergencies. This is accomplished by class room offerings, web-based courses, independent studies, and conference workshops. Exercises that assess various plans, procedures, and processes, are conducted to validate plans and provide realistic opportunities to assess strengths and gaps in plans and procedures.

Planning –PHEP coordinates "all hazards" planning with internal and external partners for emergency response to manmade, natural (including smallpox, and pandemic influenza), radiological events, continuity of operations, and Emergency Support Function #8 – Public Health and Medical Services of the Wyoming Response Plan. Plans are reviewed annually, and as warranted based on exercises and/or actual incidents, to ensure WDH can successfully execute a response to public health emergencies.

Medical Countermeasures – PHEP has access to a stockpile of medications and medical supplies from the federal government and can rapidly implement specific action to receive, distribute and dispense critical medical assets in the event that state and local resources are or are anticipated to be in short supply during natural or man-made disasters. Pharmaceutical caches are managed by PHEP and include regional pandemic influenza antiviral caches, medication for treatment of certain radiological exposures and antibiotics for prophylaxis of operational first responders during a biological event prior to the arrival of federal resources.

Public Health Lab – The Wyoming Public Health Lab (WPHL) provides testing for diseases such as H1N1 influenza virus and the bacteria that cause anthrax, tularemia, plague, and brucellosis so testing can occur here rather than being sent to another reference laboratory or the CDC. WPHL trains hospital laboratories in Wyoming in presumptive identification of these disease organisms and how to ship suspect organisms and samples to the WPHL for confirmation testing. WPHL coordinates a courier service to all twenty–three counties in the state for transport of samples to the Public Health Lab, with 24/7 service available for emergencies.

Partnerships – Presidential Policy Directive (PPD) 8 outlines the President's vision for strengthening the security and resilience of the United States through systematic preparation for threats to the nation's security; including acts of terrorism, pandemics, significant accidents, and catastrophic natural disasters. The key strength of the PHEP program is the strong partnerships we have with local health departments, tribes, military, private organizations, and other state programs and agencies. These partnerships are the foundation for public health preparedness efforts throughout the state, ensure our alignment across programs, and validate our plans and accomplishments. PHEP hosts a monthly meeting to exchange information and updates with our partners.

Public Health Response Coordinators (PHRC)

- Primarily responsible for carrying out the Public Health Emergency
 Preparedness activities at the county level.
- Work with other partners in the county to address planning, exercises and training for public health emergencies
- Work with hospitals, Emergency Medical Services (EMS), emergency management, law enforcement, elected officials, schools, healthcare facilities, and other entities to ensure Wyoming citizens are prepared

Wind River Indian Reservation

- The Joint Business Council has appointed a Tribal Health Officer.
- The Tribal Public Health Coordinator position has been established, and has remained active, since 2009.
- During 2007-9, WDH led tribal effort to draft a Tribal Health Code. In 2013, tribal partners are leading a comprehensive update.
- PHEP has worked with the tribes to enhance communication. (WyoLink radios, videoconferencing capability)
- NIMS training has been conducted
- PHEP has assigned a CDC Career Epidemiology Field Officer to enhance tribal, local and state collaboration. Due to funding cuts, this position is shared 50/50 with another program.

Hospital Preparedness Program (HPP)

 PHEP partners with HPP to minimize duplication of planning, preparedness and recovery activities.

- HPP and PHEP jointly convene the semiannual WDH Emergency Preparedness Advisory Committee.
- Ensure volunteer management activities are coordinated between the programs

Wyoming Office of Homeland Security (WOHS)

- In 2012-13, PHEP partnered with WOHS to develop and implement statewide, a public health jurisdictional risk assessment tool.

State agencies

- Wyoming Highway Patrol
- Wyoming Department of Transportation
- Wyoming Revenue Department
- Wyoming Livestock Board
- Wyoming Military Department
 - National Guard
 - 84th Civil Support Team
- Wyoming Division of Criminal Investigation

After evaluating and reflecting on our current state, in the spring of 2011, PHEP continued with the strategic planning process by reviewing the list of fifteen capabilities and developed a five-year plan that will help ensure the program is able to perform specific functions within each capability. In the summer of 2012, PHEP reviewed and updated the Five Year Strategic Plan. In the spring of 2013, PHEP completed a strategic plan review and update. After the completion of BP1, PHEP will update the strategic plan, and ensure the completed activities are sustained, reviewed, updated and exercised during the remainder of the new five-year project period. BP5 will be our test, exercise, and review project period, and used to work on activities that could not be addressed due to significant funding cuts (18.8% in BP1 and 3.2% in BP2), or those activities identified as a lower priority.

The initial strategic planning process took the sixty-five (65) functions described in the Public Health Preparedness Capabilities and prioritized them over a five-year period. Additionally, PHEP created a category of ongoing functions. These are functions that are either continuously assessed by CDC (e.g., Medical Materiel Management and Distribution), or are core public health functions that require ongoing activity (Public Health Laboratory and Public Health Surveillance and Epidemiological Investigation).

The Wyoming Department of Health, along with state and local partners (for a list of planning partners, see Appendix B) identified the following Capabilities and Functions as ongoing priorities for the next five years.

Capability 8: Medical Countermeasure Dispensing

Function 1: Identify and initiate medical countermeasure dispensing strategies

Function 2: Receive medical countermeasures

Function 3: Activate dispensing modalities

Function 4: Dispense medical countermeasures to identified population

Function 5: Report adverse events



<u>Capability 9: Medical Materiel Management and Distribution</u>

Function 1: Direct and activate medical materiel

management and distribution

Function 2: Acquire medical materiel

Function 3: Maintain updated inventory management and

reporting system

Function 4: Establish and maintain security

Function 5: Distribute medical materiel

Function 6: Recover medical materiel and demobilize distribution operations

Capability 12: Public Health Laboratory Testing

Function 1: Manage laboratory activities

Function 2: Perform sample management

Function 3: Conduct testing and analysis for routine and surge capacity

Function 4: Support public health investigations

Function 5: Report results

Capability 13: Public Health Surveillance and Epidemiological Investigation

Function 1: Conduct public health surveillance and detection

Function 2: Conduct public health and epidemiological investigations

Function 3: Recommend, monitor, and analyze mitigation actions

Function 4: Improve public health surveillance and epidemiological investigation

systems

Process

To assist jurisdictions in using the capabilities for planning, CDC developed a Public Health Preparedness Capabilities Planning Model. The model describes a high-level planning process that state and local public health departments can follow to help determine their preparedness priorities and plan their



preparedness activities. This planning model fits into the planning phase of the U.S. Department of Homeland Security Preparedness Cycle.

Assess Current State

In April of 2011 PHEP staff assessed the program's current state of preparedness according to the CDC <u>Public Health Preparedness Capabilities: National Standards for State and Local Planning</u>. This assessment included noting if the function included priority resource elements, identifying existing plan or protocol the element is included in, the organizational entity responsible (in part or in full), and any comments, concerns, challenges or barriers to attaining this resource element. A summary of this assessment was distributed within PHEP for final review and validation.

Jurisdictional Risk Assessments (JRA) were conducted at the state, tribal and local levels. The results of these assessments will be evaluated and considered for strategic planning updates in BP2.

Determine Goals

CDC provided a recommended tiered strategy for capabilities.

Tier 1 Capabilities:

- Public Health Laboratory Testing
- Public Health Surveillance and Epidemiological Investigation
- Community Preparedness

- Medical Countermeasure Dispensing
- Medical Materiel Management and Distribution
- Responder Safety and Health
- Emergency Operations Coordination
- Emergency Public Information and Warning
- Information Sharing

Tier 2 Capabilities:

- Non-Pharmaceutical Intervention
- Medical Surge
- Volunteer Management
- Community Recovery
- Fatality Management
- Mass Care

CDC's tiered strategy is designed to place emphasis on the Tier 1 capabilities as these capabilities provide the foundation for public health preparedness. Awardees are strongly encouraged to build the priority resource elements in the Tier 1 capabilities prior to making significant or comprehensive investments in Tier 2 capabilities.

In early April of 2011, a team of PHEP staff studied the CDC planning document, <u>Public Health Preparedness Capabilities</u>: <u>National Standards for State and Local Planning</u>. Based upon the recommendations provided in the document, the executive team separated the sixty-five (65) functions into four groups.

- 1. Tier 1 Capabilities that contain priority resource elements, plus volunteer management (Volunteer management was added because it is an existing joint goal between PHEP and HPP)
- 2. Tier 1 Capabilities that do <u>not</u> contain priority resource elements
- 3. Tier 2 Capabilities that contain priority resource elements
- 4. Tier 2 Capabilities that do not contain priority resource elements

In late April of 2011, PHEP convened a Strategic Planning Team consisting of internal and external partners from WDH Emergency Preparedness Advisory Committee to participate in the one day strategic planning event. The planning team's responsibility was to prioritize the sixty-five (65) functions and align within a five-year plan. Twenty-two people participated including representatives from the WDH Public Health Emergency Preparedness Unit, the WDH Directors Office, WDH Public Health

Laboratory, the WDH Aging Division, WDH Preventive Health and Safety Section, Cheyenne - Laramie County Health Department, Casper - Natrona County Health Department, WDH Emergency Medical Services - Hospital Preparedness Program, and Wyoming National Guard (see Appendix A for specific job titles).



The Strategic Planning Team used the following process for each of the four groups previously identified by the management team.

- 1. Tier 1 Capabilities with priority functions, plus the volunteer management functions were placed on the sticky wall.
- 2. Each member of the planning team placed one (1) colored dot on each of the five (5) functions they

felt should be addressed earliest. They were asked to base this decision upon the following criteria:

- a. a. "Low hanging fruit" (targets or goals which are easily achievable and which do not require a lot of effort)
- b. b. Importance to the Wyoming public health response
- c. c. Jurisdictional Inputs: Hazard Vulnerability Analysis in the WOHS Mitigation Plan, After Action Reports Review, and Strategic National Stockpile Technical Assistance Review reports.
- d. d. CDC Performance measures
- 3. The team then placed these Tier 1 functions in chronological order based upon the number of dots.
- 4. The team then reviewed the order (goal sequencing and goal congruency) based on conflicts or inappropriate sequencing (e.g., we can't do 'Y' before 'X' is complete...we need to change those around).
- 5. The Strategic Planning Team came to consensus on the order of the Round 1 functions.

This same process was then followed for each of the other three groups identified by the management team.

At the end of the day the team had constructed a draft timeline for the sixty-five (65) functions identified by CDC. Upon further discussion, the team decided that several capabilities were core functions of PHEP and would therefore be continuously improved regardless of the strategic planning priorities. These capabilities are:

Capability 8: Medical Countermeasure Dispensing

Capability 9: Medical Materiel Management and Distribution

Capability 12: Public Health Laboratory Testing

Capability 13: Public Health Surveillance and Epidemiological Investigation

The team decided that these capabilities, identified associated functions, and resource elements would be built early in the 5 year cycle and maintained or improved each year of the five-year planning period.

Develop Plans

After completing our draft strategic planning process, our next step was activity planning for short-term goals. Development of a state, tribal and local Jurisdictional Risk Assessment (JRA) was one of our first goals. PHEP collected information to guide the selection of a suitable jurisdictional risk assessment instrument. PHEP staff reviewed existing tools from UCLA, Kaiser Permanente, and a Nebraska Department of Health. After considering the available information, WDH utilized the Texas Department of Health's Jurisdictional Risk Assessment instrument. During BP1, JRAs were completed at the local, tribal and state level.

PHEP provided guidance describing which capabilities and functions are to be addressed by counties and tribes. This guidance was developed for the BP1 cycle of county and tribal contracts which began in October 1, 2012, and guidance for BP2 will be distributed in June, 2013.

As part of PHEP efforts for continuous improvement, exercise and real event After Action Reports and Improvement Plans will be reviewed, addressed for improvement and re-evaluated as necessary. PHEP will continue to collect and report data for CDC defined performance measures.

BP2 Capabilities and Functions | **Activities**

Capability 1: Community Preparedness

Function 1: Determine risks to the health of the jurisdiction

- Identify public health specific issues related to disasters, i.e. diseases, injuries, etc., through jurisdiction risk assessment (JRA)
- Provide data sheets and assistance to counties in identifying and planning services for at-risk/vulnerable populations in their jurisdictions
- Write fully coordinated and draft pediatric/elderly response plan
- Establish an interagency planning team for pediatric and elderly response plan

Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts

 Coordinate with mental/behavioral health providers, and other groups that can ensure services and support are available during/after a disaster

Capability 3: Emergency Operations Coordination

Function 4: Manage and sustain the public health response

- Provide NIMS/ICS Training to the new members of the PHEP staff who will fill roles on the WDH Incident Management Team
- Conduct monthly Incident Management Team Training Meetings
- Conduct a state, local tribal ESF 8 Training Exercise Planning Workshop and Improvement Planning Workshop

Function 5: Demobilize and evaluate public health emergency operations

- Coordinate with planners at state and local level to incorporate the demobilization and release and return resources that are no longer required by the event or incident to their pre-event state
- Exercise the Demobilization Plan with planners at state and local level to incorporate the demobilization and release and return resources that are no longer required by the event or incident to their pre-event state

Capability 4: Public Information and Warning

Function 1: Activate the emergency public health information system

- Determine the need for a joint public information system
- Utilize results of the Jurisdictional Risk Assessment to develop event specific message templates
- Maintain critical equipment for notification systems

- Update health, medical, and media contacts in the Health Alert Network
- Review and update the CERC plan

Function 3: Activate and participate in information system operations

 Activate and participate in information system operations and during the May 2014 full scale exercise

Capability 6: Information Sharing

Function 2: Identify and develop rules and data elements for sharing

 Develop or verify that written plans include a listing of data exchange requirements for stakeholders and that adhere to available national standards for data elements to be sent and data elements to be received.

Function 3: Exchange information to determine a common operating picture

- Develop or verify that written plans include a protocol for the development of public health alert messages
- Review and update the PHEP Communications Binder

Capability 10: Medical Surge

Function 1: Assess the nature and scope of the incident (Carry over from B11 and BP1)

- Work with HPP to continue informing and educating hospitals on their role in public health emergency preparedness.
- Invite hospitals to participate in jurisdiction/county ESF 8 Training and Exercise Planning Workshop (TEPW)
- Invite hospitals and partners to participate in EOC/ICS training
- Identify EOC training and offer to state, county, tribal public health and hospitals. Continue to require ICS training at state, county and tribal level.

Function 2: Support activation of medical surge

- Develop draft Volunteer Operating Plan draft by 6/30/2013
- Complete final Volunteer Operations Plan.
- Coordinate with PHRC Plans work group for development of Volunteer
 Operating Plan
- In Coordination with the HPP program and local partners develop and document a process for how WDH will coordinate or support response partners in the activation of alternate care systems
- Develop plans, protocols, and a process to identify essential situation awareness information for response partners
- Written plans should include documentation of participation from jurisdictional and regional pediatric providers

Function 3: Support jurisdictional medical surge operations

- Develop plans, protocols, and a process to communicate essential situation awareness information to response partners
- Verify that written plans include a list of healthcare organizations and community providers that are able to address the functional needs for at risk individuals
- Verify that written plans include a process to support or implement family reunification

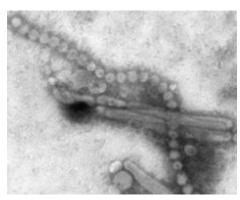
Function 4: Support demobilization of medical surge operations

- Verify that written plans include a process for jurisdictions to coordinate with state emergency medical services to demobilize transportation assets
- Verify that written plans include a process to demobilize surge staff to include those from other states

<u>Capability 13: Public Health Surveillance and Epidemiological Investigation</u>

Function 2: Conduct public health and epidemiological investigations

 Develop Memorandum of Understanding (MOU) with law enforcement for joint investigations



Capability 14: Responder Safety and Health

Function 1: Identify responder safety and health risks

 PHEP staff will work with county, federal and local agencies to identify jurisdictional risk and safety hazards.

Function 3: Coordinate with partners to facilitate risk-specific safety and health training

- Work with responders to assure that all training and refresher courses are being offered based on their specific exposure risks.
- Locate and advertise training for public health responders

Function 4: Monitor responder safety and health actions

 PHEP will review existing database systems to possibly leverage for retaining data on responder exposures. If this is not feasible, we have personnel who can build an ad hoc database to track this information Health and mental health services available to support our responders will be documented in a plan or protocol

Capability 15: Volunteer Management

Function 1. Coordinate volunteers

- Complete final Volunteer Operations Plan.
- Coordinate with PHRC Plans work group for development of Volunteer
 Operating Plan

Function 2. Notify Volunteers

 Establish a training program and roll out for new ESAR-VHP system to volunteer groups

In addition to making progress on the Continuous Capabilities and Functions in BP2, PHEP will address the final two functions under the Information Sharing Capability and the final three functions under the Medical Surge Capability.

For Function 2 under Information Sharing, the rules and data elements will be developed with input from the stakeholders that were engaged in BP11 (Function 1). These are the same stakeholders that will benefit from the protocols for the exchange of information developed in Function 3. The completion of this capability will provide stakeholders with a common operating picture.

The final three functions under the Medical Surge Capability will be completed in conjunction with the Hospital Preparedness Unit coordinator. WDH will support the medical response to disasters in compliance with grant requirements and Emergency Support Function 8 (ESF#8) of the National Response Framework

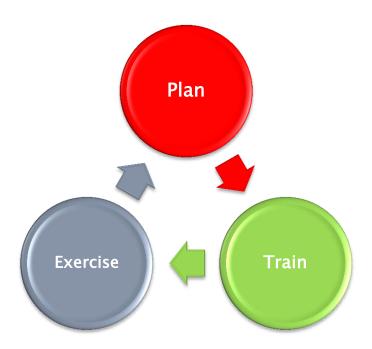
Conclusion

The Wyoming Department of Health, Public Health Emergency Preparedness Unit has made tremendous progress in public health disaster planning, training, exercise, communication, disease surveillance, laboratory testing and response since the inception of bioterrorism funding. This progress can be seen in the accomplishments of the Strategic National Stockpile program, the public health laboratory, epidemiology and surveillance, exercise development, interoperable communication, planning, responses to emergencies, and numerous other programs within the state of Wyoming. This strategic plan will enable PHEP to focus resources and track progress on identified priority areas during the next five years. We remain committed to executing our strategic plan.

For more information regarding our progress and historical funding, please see our PHEP 2009-2010 Annual Summary Report, PHEP 2010-2011 Annual Summary Report and PHEP 2011-2012 Annual Summary Report.



Appendix A



Ongoing Capabilities

Capability 8: Medical Countermeasure Dispensing

Function 1: Identify and initiate medical countermeasure dispensing strategies

Function 2: Receive medical countermeasures

Function 3: Activate dispensing modalities

Function 4: Dispense medical countermeasures to identified population

Function 5: Report adverse events

Capability 9: Medical Materiel Management and Distribution

Function 1: Direct and activate medical materiel management and distribution

Function 2: Acquire medical materiel

Function 3: Maintain updated inventory management and reporting system

Function 4: Establish and maintain security

Function 5: Distribute medical materiel

Function 6: Recover medical materiel and demobilize distribution operations

Capability 12: Public Health Laboratory Testing

Function 1: Manage laboratory activities

Function 2: Perform sample management

Function 3: Conduct testing and analysis for routine and surge capacity

Function 4: Support public health investigations

Function 5: Report results

Capability 13: Public Health Surveillance and Epidemiological Investigation

Function 1: Conduct public health surveillance and detection

Function 2: Conduct public health and epidemiological investigations

Function 3: Recommend, monitor, and analyze mitigation actions

Function 4: Improve public health surveillance and epidemiological investigation

systems

BP11 Capabilities Status

Capability 1: Community Preparedness

Function 1: Determine risks to the health of the jurisdiction

Function 2: Build community partnerships to support health preparedness

Completed and moved to sustaining:

- Promote volunteer activities, such as the Medical Reserve Corps (MRC) and use of the ESAR-VHP system
- Coordinate activities to support, train and exercise the BP11 actives with community partners
- Identification of vulnerable populations working with programs in the department that support agencies that serve vulnerable populations to identify and map locations. Work with the Unable to Self Evacuate (UTSE) Core Advisory Group to further develop awareness and preparedness for UTSE in WY

Not completed and moved to BP1 activity:

 Identify public health specific issues related to disasters, i.e. diseases, injuries, etc., through jurisdiction risk assessment (JRA) Coordinate with mental/behavioral health providers, and other groups that can ensure services and support are available during/after a disaster

Capability 2: Community Recovery

Function 1: Identify and monitor public health, medical and mental/behavioral health system recovery needs

Completed and moved to sustaining:

 Ensure Continuity of Operations Plans (COOP) is in place to sustain public health and medical and mental/behavioral health at all times

Capability 3: Emergency Operations Coordination

Function 1: Conduct preliminary assessment to determine need for public activation

Function 3: Develop incident response strategy

Function 4: Manage and sustain the public health response

Function 5: Demobilize and evaluate public health emergency operations

Completed and moved to sustaining:

- Develop a Public Health Involvement Matrix that can be used by Incident Management Team to conduct assessments to determine need for public activation, public health impact of event/incident and gather subject matter experts to make recommendations on the need for, and scale of, incident management operations
- Provide NIMS/ICS Training to the WDH Incident Management Team.
- Maintain the capability to effectively direct public health emergency operations to sustain the public health and medical response for the duration of the response and into multiple operational periods

Not completed and moved to BP1 activity:

 Coordinate with planners at state and local level to incorporate the demobilization and release and return resources that are no longer required by the event or incident to their pre-event state

Capability 4: Emergency Public Information and Warning

Function 1: Activate the emergency public information system

Function 2: Determine the need for a joint public information system

Completed and moved to sustaining

- Review and update State CERC (Crisis and Emergency Risk Communication Plan)
- Review and update Communications Binder
- If a state-level multi-agency Joint Information Center or Joint Information System is established for incident response by the governor's office and the Wyoming Office of Homeland Security, the WDH Public Information Officer and/or alternates will participate as requested.
- Document identified spokespersons for local jurisdictions
- Coordinate training for National Incident Management System and Crisis and Emergency Risk Communication training

Not completed and moved to BP1 activity:

 Utilize results of Hazard Vulnerability Assessment to develop event specific message templates

Capability 6: Information Sharing

Function 1: Identify stakeholders to be incorporated into information flow

Completed and moved to sustaining

- During an event, ongoing webinars, meetings, listserv messages, and teleconferences will be held to ensure our partners are receiving updates regarding events or incidents
- Maintain role-based public health directory for public health alert messaging
- Continue partnerships with Division of Criminal Investigation, Wyoming Office of Homeland Security, and Wyoming Military Department for information sharing, alerting and notification
- Encourage PHRCs to reach out to local partners and attend Local Emergency Planning Committee meetings

Capability 8: Medical Countermeasure Dispensing

Function 1: Identify and initiate medical countermeasure dispensing strategies

Function 3: Activate dispensing modalities

Function 4: Dispense medical countermeasures to identified population

Completed and moved to sustaining:

- Encourage counties to confirm Point of Dispensing (POD) site(s)
- Fully develop planning, lay-out and exercise POD flow/throughput

- Develop cold-chain management guidance
- Conduct training on state inventory management system (IMS)
- Encourage the use/practice with IMS system by counties

Capability 9: Medical Materiel Management and Distribution

Function 1: Direct and activate medical materiel management and distribution

Function 2: Acquire medical materiel

Function 3: Maintain updated inventory management and reporting system

Function 4: Establish and maintain security

Completed and moved to sustaining:

- Develop cold-chain management guidance
- Conduct training on state inventory management system (IMS)
- Encourage the use/practice with IMS system by counties
- Develop post SNS event recovery guidance

Capability 10: Medical Surge

Function 1: Assess the nature and scope of the incident

Completed and moved to sustaining

- Work with HPP to continue informing and educating hospitals on their role in public health emergency preparedness. Accomplished through HPP conference with hospitals, training summit planned for spring/summer 2012 and through a deliverable for county public health continuing coordination and training with hospitals
- Identify EOC training and offer to state, county, tribal public health and hospitals. Continue to require ICS training at state, county and tribal level.

Capability 12: Public Health Laboratory Testing

Function 1: Manage laboratory activities

Completed and moved to sustaining:

- Successful commissioning and certification of new BT lab facility
- Maintain current database of LRN-B advanced laboratories, LRN-B reference laboratories, and LRN-C laboratories within our jurisdiction

- All trainings for personnel current, first responder and sentinel laboratory training on-going and new/emerging methodologies and trainings conducted on an as needed basis.
- Staff kept current on national laboratory policy and procedures
- All elements in place and plans are written for the following:
 - Identification of laboratories and laboratory networks
 - Procedures for documentation of sentinel laboratories and standard response guidelines
 - Laboratory continuity of operations to include biological, chemical, radiological and select agents

Capability 13: Public Health Surveillance and Epidemiological Investigation

Function 2: Conduct public health and epidemiological investigations

Function 3: Recommend, monitor, and analyze mitigation actions

Completed and moved to sustaining:

- Performance Measures identifying methods for tracking and reporting 6
 new Performance Measures
- Planning Requirements documentation of processes in plans
 - Written templates for investigation reports
 - Written processes for mapping cases
 - Written process on how to obtain investigation specific information from other agencies
 - Written process for obtaining information from other department programs

Not completed and moved to BP1 activity:

Development of an MOU with law enforcement for joint investigations

Capability 14: Responder Safety and Health

Function 1: Identify responder safety and health risks

Function 2: Identify safety and personal protective needs

Completed and moved to sustaining

- Staff will utilize various protective means to ensure the safety of PH staff responding to incidents
- Work with Wyoming Department of Environmental Quality, Wyoming
 Department of Agriculture, State OSHA Program and others to better

- identify medical/environmental health risks prior to, during, and after an incident
- Work with Subject Matter Experts (SME) prior to, during and after an incident to develop information on acute or chronic health conditions that may develop or occur during and after an exposure

Not completed and moved to BP1 activity

 PHEP staff will work with county, federal and local agencies to identify jurisdictional risk and safety hazards.

Capability 15: Volunteer Management

Function 1. Coordinate volunteers

Completed and moved to sustaining

- Identify jurisdictional authorities that govern volunteer liability issues and scope of practice
- Assist with recruitment; coordinate the identification, recruitment, and registration of volunteers
- Continue to develop written plans to address the anticipated volunteer needs during responses to events or incidents
- Coordinate volunteer training and engagement of volunteers to support the jurisdictional response

PHEP has made significant progress in Medical Countermeasure Distribution and Dispensing (MCMDD, Capabilities 8 and 9). In compliance with CDC Public Health Emergency Preparedness (PHEP) Grant Guidance, PHEP continued to improve its MCMDD by conducting a full scale SNS exercise during BP11, and conduct seven local technical assistance reviews (LTARs). PHEP will revise and refine the Strategic National Stockpile plan based upon the results of these activities.

For BP11, the needs assessment determined that the public health laboratory can successfully perform most of the functions required in Capability 12. During the first year of this five-year cycle, the lab will focus on documenting plans and procedures that are considered priority resource elements. During BP11, the WPHL will track and report on performance measures for BP11 in the capability.

Capability 13, in addition to conducting routine activities, during BP11, PHEP epidemiologists will focus on priority resource elements and performance measures.

Many of the priority resource elements within Public Health Surveillance and Epidemiological Investigation involve the development or refinement of written plans and protocols. Due to hiring restrictions, our Emergency Preparedness Epidemiologist position was not filled for five months, and some BP11 activities will be moved to BP1.

In addition to making progress on the Continuous Capabilities and Functions in BP11, PHEP will make progress toward the completion of the functions listed above. The Strategic Planning Team chose to address these functions in BP11 because they are either required by CDC to be addressed in BP11, or because the Strategic Planning Team considered them high priority during the assessment phase.

Many of the functions that were selected for BP11 have already been addressed by PHEP, but may not be documented in a plan or protocol. Thus, much of the work that still needs to be completed involves updating or modifying existing plans and protocols to include the required planning elements. Priority elements will be addressed first and non-priority elements will be addressed during BP1 through BP5.

By the end of BP11, PHEP will have addressed the CDC required functions for BP11 (e.g., Community Recovery Capability; Function 1, Identify and monitor public health, medical and mental/behavioral health system recovery needs). All efforts undertaken by PHEP will involve the appropriate stakeholders at the national, state and local level such as hospitals, local public health departments, emergency management, voluntary organizations and elected officials. Our BP11 progress report will document our efforts and provide areas for improvement.

BP1 Capabilities Status

Capability 1: Community Preparedness

Function 1: Determine risks to the health of the jurisdiction.

Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts.

Completed and moved to sustaining

 Identify public health specific issues related to disasters, i.e. diseases, injuries, etc., through jurisdiction risk assessment (JRA) Coordinate with mental/behavioral health providers, and other groups that can ensure services and support are available during/after a disaster

Not completed and moved to BP2 activity

PHEP completed a draft pediatric plan during BP 11, however, with the advent of the Public Health Preparedness Capabilities necessitated restructuring of the plan. During the course of outlining a new plan, with a different approach, it was determined that the elderly population needed to be addressed in conjunction with the pediatric group. PHEP will form a combined pediatric/elderly work group comprised of WDH representatives from the Public Health Division, Behavioral Health Division, and Aging Division, along with representatives from the Wyoming Department of Family Services, Wyoming Department of Education, Wyoming Department of Transportation, Division of Criminal Investigation, Office of the Attorney General, and the Wyoming Office of Homeland Security. The first meeting will be a forum to identify issues, and establish pediatric/elderly disaster care planning objectives.

Capability 3: Emergency Operations Coordination

Function 2: Activate public health emergency operations

Function 5: Demobilize and evaluate public health emergency operations

Completed and moved to sustaining

- Coordinate with planners at state and local level to incorporate the demobilization and release and return resources that are no longer required by the event or incident to their pre-event state
- Review and update planning documentation and coordinate additional training to remain consistent with National and jurisdictional Incident Management standards and practices.
- Implement recurring training and drill to keep personnel familiar with plans, documentation, and operations

Not completed and moved to BP2 activity

Function 5: Demobilize and evaluate public health emergency operations.

 Exercise the Demobilization Plan with planners at state and local level to incorporate the demobilization and release and return resources that are no longer required by the event or incident to their pre-event state

Capability 4: Emergency Public Information and Warning

Function 1: Activate the emergency public information system

Function 2: Determine the need for a joint public information system

Not completed and moved to BP2 activity

 Utilize results of Jurisdictional Risk Assessment to develop event specific message templates.

Capability 12: Public Health Laboratory Testing

Function 2: Perform sample management

Completed and moved to sustaining

- Maintain appropriate regulatory licenses: Select Agent registration, Clinical Laboratory Improvement Amendments (CLIA) and valid Animal and Plant Health Inspection Service (APHIS) permits
- Trainings for packaging and shipping of infectious material, chain of custody and personnel safety have been completed for current staff, first responders and sentinel laboratories
- All elements in place and plans written for the following:
 - Sample collection, triage, packaging, shipping, transport, handling, storage and disposal
 - Transportation security of select agents and toxins, chemicals, and radiological specimens
 - Chain of custody
 - Maintenance of sampling/shipping supply stock and procurement 24/7

Capability 13: Public Health Surveillance and Epidemiological Investigation

Function 2: Conduct public health and epidemiological investigations

Function 3: Recommend, monitor, and analyze mitigation actions

Not completed and moved to BP2 activity

Development of an MOU with law enforcement for joint investigations

Capability 14: Responder Safety and Health

Function 1: Identify responder safety and health risks

Function 2: Identify safety and personal protective needs

Function 3: Coordinate with partners to facilitate risk-specific safety and health training

Function 4: Monitor responder safety and health actions

Completed and moved to sustaining

- PHEP staff will work with county, federal and local agencies to identify jurisdictional risk and safety hazards.
- Staff will utilize various protective means to ensure the safety of PH staff responding to incidents.
- Hire Public Health Responder Safety Coordinator to conduct training for our responders. Hire Public Health Responder Safety Coordinator, and ensure they complete any needed training or refresher courses
- Work with Wyoming Department of Environmental Quality, Wyoming Department of Agriculture, State OSHA Program and others to better identify medical/environmental health risks prior to, during, and after an incident
- Work with Subject Matter Experts (SME) prior to, during and after an incident to develop information on acute or chronic health conditions that may develop or occur during and after an exposure
- Our responders will be monitored to ensure their health and safety needs are addressed.

Not completed and moved to BP2 activity

- Locate and advertise training for public health responders
- PHEP will review existing systems to possibly leverage for creating a
 database of responders exposed. If this is not feasible, we have personnel
 who can build an ad hoc database to track this information Health and
 mental health services available to support our responders will be
 documented in a plan or protocol.
- Work with responders to assure that all training and refresher courses are being offered based on their specific exposure risks

Capability 15: Volunteer Management

Function 1. Coordinate volunteers

Completed and moved to sustaining

Develop draft Volunteer Operating Plan draft by 6/30/2013

Not completed and moved to BP2 activity

Coordinate with PHRC Plans work group for development of Volunteer
 Operating Plan

In BP1 WDH maintained and built upon progress made with the four continuous capabilities and the seventeen functions addressed in BP11. The Emergency Operations Coordination Capability and Responder Safety & Health Capability are important to the successful response to any disaster. These capabilities are viewed by the Strategic Planning Team as high priorities and this philosophy is validated by the emphasis placed on command and control, and safety in the National Incident Management System (NIMS).

BP1 also demonstrated progress in the Function 4, Community Preparedness Capability. (Coordinate training or guidance to ensure community engagement in preparedness efforts) and built upon the progress made in BP11.

In addition to making progress on the Continuous Capabilities and Functions in BP1, PHEP made progress toward the completion of the functions listed above. All efforts undertaken by PHEP involved the appropriate stakeholders at the national, state and local level such as hospitals, local public health departments, emergency management, voluntary organizations and elected officials.

Our BP1 progress report will document our efforts and provide areas identified for improvement.

BP3 - BP4 Summary Table by Year

BP3 Capabilities and Functions

Capability 5: Fatality Management

Function 1: Determine role for public health in fatality management

Function 2: Activate public health fatality management operations

Function 3: Assist in the collection and dissemination of antemortem data

Function 4: Participate in survivor mental/behavioral health services

Function 5: Participate in fatality processing and storage operations

Capability 11: Non-Pharmaceutical Interventions

Function 1: Engage partners and identify factors that impact non-pharmaceutical interventions

Function 2: Determine non-pharmaceutical interventions Function 3: Implement non-pharmaceutical interventions Function 4: Monitor non-pharmaceutical interventions

Capability 15: Volunteer Management

Function 2: Notify volunteers

Function 3: Organize, assemble, and dispatch volunteers

In addition to making progress on the Continuous Capabilities and Functions, BP3 will see the initiation and completion of all functions under the Fatality Management and Non-Pharmaceutical Intervention Capabilities. Fatality management functions will be completed by partnering with appropriate organizations such as emergency management, coroners, behavioral health and health care facilities. This includes close coordination with the Hospital Preparedness Program. By the end of the year, the WDH will have a clear picture of its operational responsibilities in a mass fatality incident.

In order to complete the functions under Non-Pharmaceutical Interventions, the Public Health Emergency Preparedness Unit will partner with WDH legal counsel and subject matter experts (infection preventionists, school representatives, etc.) to reassess potential barriers to the interventions. Lessons from the H1N1 Influenza After Action Report and other real world experiences will inform the creation of the playbook and the implementation and monitoring of the interventions.

BP4 Capabilities and Functions

Capability 1: Community Preparedness

Function 3: Engage with community organizations to foster public health, medical and mental/behavioral health social networks

Capability 2: Community Recovery

Function 2: Coordinate community public health medical and mental/behavioral health system recovery operations

Function 3: Implement corrective actions to mitigate damages from future incidents

Capability 4: Emergency Public Information and Warning

Function 4: Establish avenues for public interaction and information exchange

Function 5: Issue public information, alerts, warnings, and notifications

Capability 7: Mass Care

Function 1: Determine public health role in mass care operations

Function 2: Determine mass care needs of the impacted population

Function 3: Coordinate public health, medical, and mental/behavioral health services

Function 4: Monitor mass care population health

Capability 15: Volunteer Management

Function 4: Demobilize volunteers

In addition to making progress on the Continuous Capabilities and Functions in BP4, the final year of the five-year plan will focus on what the Strategic Planning Team identified as lower priority functions. Reasons for this categorization include 1) other agencies in Wyoming have primary responsibility for the functions, 2) other functions need to be in place in order for these functions to be completed, 3) the functions contain no priority resource elements, or 4) CDC has identified the capability as a lower priority for public health emergency preparedness.

Mass Care functions will be coordinated with emergency management, behavioral health and volunteer organizations active in disaster. Additionally, WDH epidemiologists will contribute to the enhancement of a mass care disease surveillance system.

Throughout the five year Cooperative Agreement period, PHEP will maintain and build upon all functions addressed in previous years, including the Continuous Capabilities (see Continuous Capabilities and Functions). Exercises and real world events will generate lessons learned that will then be incorporated into WDH Public Health Emergency Preparedness Unit plans and procedures. This continuous cycle of Plan-Train-Exercise will continue to be used by WDH throughout this five-year strategic plan.

Appendix B

We wish to thank our partners for giving their valuable insight and time to provide input into our strategic planning process.

Strategic Planning Team Members and Affiliation

Name	Job Title	Organization
Mona Brinkman	Cooperative Agreement Compliance Analyst	WDH - Public Health Emergency Preparedness
Katie Bryan	Emergency Preparedness Epidemiologist	WDH - Public Health Emergency Preparedness
Paul Card	Health Communication Coordinator	WDH - Public Health Emergency Preparedness
Shawna Dereemer	Bioterrorism Laboratory Supervisor	WDH - Wyoming Public Health Lab
Kim Deti	Public Information Officer	WDH - Director's Office
John Drinnon	Environmental Health Division Director	Casper-Natrona County Health Dept.
Maj. Nicole Farnham	Joint Operations Center	Wyoming National Guard
Randy Fischer	Strategic National Stockpile Coordinator	WDH - Public Health Emergency Preparedness
Tom Henry	Program Consultant	WDH - Community Health Section
Shelley Hood	Health Informatics Analyst	WDH - Public Health Emergency Preparedness
John Kelley	Public Health Response Coordinator	Cheyenne-Laramie County Health Dept.
Kimball Croft	Washakie County Emergency Manager	Washakie County
Angelyn Mayes	Emergency Preparedness Outreach Tech	WDH - Public Health Emergency Preparedness
Karl Musgrave	Public Health Veterinarian	WDH - Preventive Health and Safety Section
Dan O'Leary	CDC Career Epidemiology Field Officer	WDH - Public Health Emergency Preparedness
Sheryl Roub	Unit Manager	WDH - Public Health Emergency Preparedness
Robert Sherard	Planning Coordinator	WDH - Public Health Emergency Preparedness
James Smith	Improvement and Development Supervisor	WDH - Public Health Emergency Preparedness
Gale Stevens	Bioterrorism Lab Program Advisor	WDH - Wyoming Public Health Lab
Brittany Wardle	Hospital Preparedness Coordinator	WDH - Emergency Medical Services
Angie Van Houten	Section Chief	WDH -Health Readiness and Response